

## IN PRACTICE

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**DESIGN AND DELIVERY OF NOVEL REGIONAL INTERPROFESSIONAL SIMULATION TRAINING FOR EMERGENCY MEDICINE HIGHER SPECIALTY TRAINEES TAKING ON THE ROLE OF TRAUMA TEAM LEADER (TTL) WITHIN DISTRICT GENERAL HOSPITALS (DGH) IN NORTHERN IRELAND**

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**Introduction:** Effective trauma teams have been shown to improve care for trauma patients [1]. Effective team leadership is critical to providing high quality patient care. Managing major trauma in DGHs in Northern Ireland is uniquely challenging. EM higher specialty trainees are expected to take on the role of TTL and manage trauma teams within this setting. A regional training need was identified. Simulation provided a psychologically safe and effective method to address this.

**Methods:** We surveyed EM Higher Specialty Trainees prior to development of the training to ascertain confidence levels and specific training needs. These surveys used mainly rating scale and limited questions with free text boxes. A focus group of EM Consultants was used to identify training needs through incident reports and their experience. Based on the survey results and focus group findings learning objectives were created and a full day of trauma simulation training was designed around these. The faculty included EM consultants, senior nurses from six emergency departments and

specialty trainees from orthopaedics and anaesthetics. This interprofessional faculty increased the range of experience and perspectives and also provided an opportunity to enhance interprofessional relations.

The simulation training was delivered with two simulation and debrief rooms running simultaneously covering a range of technical and non-technical topics identified in the pre-course surveys. There were six immersive simulation scenarios with each trainee getting at least one opportunity to act as TTL. The formal debriefs were facilitated by EM consultants and included relevant micro-teaching based on the Royal College of Emergency Medicine curriculum and signposts to regional and national resources and guidelines. Trainees completed post-course questionnaires using mainly rating scale and Likert scale questions with free text boxes.

**Results:** The analysis of pre- and post-course surveys showed that trainee confidence in leading major trauma in a DGH setting increased from a mean score of 7/10 to 9/10. Their confidence level in leading paediatric major trauma in a DGH setting increased from a mean score of 5/10 to 8/10. The mean confidence score for leading traumatic cardiac arrest increased from 5/10 to 7/10. 100% of trainees 'strongly agreed' or 'agreed' that the day was relevant to their training needs and that they would recommend this training day to their colleagues.

**Discussion:** This simulation training day addressed regional training needs and significantly increased trainee confidence when leading trauma teams in DGHs in Northern Ireland.

**Ethics statement:** Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

## REFERENCES

- Georgiou A, Lockey DJ. The performance and assessment of hospital trauma teams. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*. 2010;18:66.

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